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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Nationwide Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	Group Life Ins Schedule for Corp Master Application		
<b>Project Name/Number:</b>	1810/		

## Filing at a Glance

Company:	Nationwide Life Insurance Company
Product Name:	Group Life Ins Schedule for Corp Master Application
State:	District of Columbia
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	01/09/2020
SERFF Tr Num:	NWPA-132215176
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	COLI-6007DC.1
Implementation	
Date Requested:	
Author(s):	Todd Beshara, Amy Burchette, Dan Gallion, Cindy Malloy, Carrie Ruhlen, Georgia Sollars-Burns, Drema Wallace-Ruzicka
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

**State:** District of Columbia  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Group Life Ins Schedule for Corp Master Application  
**Project Name/Number:** 1810/  
**Filing Company:** Nationwide Life Insurance Company

## General Information

Project Name: 1810  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 01/09/2020  
State Status Changed:  
Created By: Dan Gallion  
Corresponding Filing Tracking Number:  
Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Dan Gallion

Filing Description:  
RE:Correction Filing  
COLI-6007DC.1, Group Life Insurance Schedule for Corporate Master Application  
NAIC# 66869

Enclosed for filing is form COLI-6007DC.1, Group Life Insurance Schedule for Corporate Master Application. This form will replace COLI-6007DC, approved by your Department on 10/09/2019, SERFF File #NWPA-132066311.

This is to advise that we are making the revision below to COLI-6007DC.1, Group Life Insurance Schedule for Corporate Master Application. We would like this revision to be effective immediately.

•In Section 3, 2nd paragraph, we need to change "four or more days" to "three or more days". This was an oversight when the forms were drafted.

This form will be used in conjunction with our current and any new group Private Placement Flexible Premium Adjustable Variable Universal Life Insurance forms. Our current Policy form, VLO-0834-CT was approved on 11/30/2017 in SERFF filing #NWPA-131260999.

Form COLI-6007DC.1 has been written in a readable fashion and attains a Flesch score of 50.1.

Thank you in advance for your prompt attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 249-8116) if you have any questions.

Enclosures:  
1.Filing Description  
2.COLI-6007DC.1, Group Life Insurance Schedule for Corporate Master Application  
3.Statement of Variability  
4.Readability Certification

## Company and Contact

### Filing Contact Information

Dan Gallion, Compliance Specialist galliod@nationwide.com

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<b>Product Name:</b>	Group Life Ins Schedule for Corp Master Application		
<b>Project Name/Number:</b>	1810/		

One Nationwide Plaza  
1-33-102  
Columbus, OH 43215

614-249-8116 [Phone]  
614-249-1199 [FAX]

**Filing Company Information**

Nationwide Life Insurance Company One Nationwide Plaza 1-33-401 Columbus, OH 43215 (614) 249-2614 ext. [Phone]	CoCode: 66869 Group Code: 140 Group Name: FEIN Number: 31-4156830	State of Domicile: Ohio Company Type: State ID Number:
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**Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Nationwide Life Insurance Company
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## Form Schedule

Lead Form Number: COLI-6007DC.1									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Group Life Insurance Schedule for Corporate Master Application	COLI-6007DC.1	AEF	Revised	Previous Filing Number:	NWPA-132066311	50.100	COLI-6007DC.1 John Doe.pdf
						Replaced Form Number:	COLI-6007DC		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory



## Group Life Insurance Schedule for Corporate Master Application

### Nationwide Life Insurance Company

[Nationwide Business Solutions Group, 1-11-401  
One Nationwide Plaza, Columbus, Ohio 43215-2220 • 1-877-351-8808]

#### 1. General Information

Corporation Name: Any Corporation

Owner: \_\_\_\_\_

#### 2. Insured Information

No.	Insured Last Name	Insured First Name	Social Security No.	Date of Birth	Sex M/F	Tobacco Status (N/T)	Planned Annual Premium	Specified Amount	Death Benefit Option (1/2)
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### 3. Authorizations and Signatures

The **Owner certifies** that the above information is complete and true to the best of its knowledge and belief.

The **Employer certifies** that, as of the Policy Date and the date Nationwide receives the initial premium, all of the above individuals were actively at work full time at least 30 hours or more per week, at their usual place of employment and have not missed a total of three or more days due to illness or injury or been hospitalized in the past 90 days.

[The **Owner and the Employer certify** that, as of the date of this Insurance Schedule for Corporate Master Application, there has been no change in the purchaser's status as a Qualified Purchaser and/or an Accredited Investor.]

**WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

**Owner (Authorized Officer/Trustee):**

Signature: Authorized Trustee Name (please print): Authorized Trustee

Title: Vice President Signed at City/State: Any City, Any State Date: January 3, 2002

**Employer (Authorized Officer) (if other than the Owner):**

Signature: Authorized Officer Name (please print): Authorized Officer

Title: Vice President Signed at City/State: Any City, Any State Date: January 3, 2002

In accordance with the policy provisions, the Policy Date is the effective date for all coverage. The above individuals must satisfy the **Actively-at-Work** criteria as of the Policy Date and the date Nationwide receives the initial premium. In the event a certificate is issued on any individual who does not meet this requirement, the certificate will be treated as if it were never issued and Nationwide will refund all premiums paid.

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## Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability-DC.1.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Readability Certification - NLIC.pdf
Item Status:	
Status Date:	

# NATIONWIDE LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY FOR FORM(S):

### COLI-6007DC.1, Group Life Insurance Schedule for Corporate Master Application

Bracketed items in the above captioned form(s) indicate variability as follows:

#### COLI-6007DC.1

Nationwide Logo (Cover)	The Logo is bracketed as it could possibly change over time.
Nationwide's Business Group Name, Address, and Phone Number	Nationwide's Business Group Name, address and/or telephone information is bracketed throughout each application in case they change in the future.
Disclosure	Bracketed language: "The Policy/Certificate Owner and the Employer certify that, as of the date of this Insurance Schedule for Corporate Master Application, there has been no change in the purchaser's status as a Qualified Purchaser and/or an Accredited Investor." will only be included on the Insurance Schedule for add-on cases, not new business.





The Nationwide Life Insurance Company does hereby certify that:

1. The Flesch Score for each form has been accurately calculated and is:

COLI-6007DC.1; 50.1

2. Each form to the best of my knowledge and belief meets the requirements of DC Code 31-4725.
3. Unless otherwise indicated, each form has been analyzed in its entirety.

Signature of Officer

01/09/2020

Date

J. Brian Deleget, Associate Vice President  
Officer's Printed Name and Title